

Summary

The Gambling Act 2005 Statement of Licensing Policy is under its three yearly review. A number of changes have been made to reflect the research commissioned by the council into problem gambling. Policies and other council publications have been updated as has census data.

Detailed Changes

Executive Summary

No changes

Part A The Gambling Act

Page 8 - Paragraphs 2.7 to 2.11 added

- 2.7 Leeds has a strong economy that has enabled the city to recover well from the recession. However, Leeds is also a city marked by health inequalities, indicating that not everyone has benefited from the economic growth equally. The number of neighbourhoods falling into the 10% most deprived nationally has increased since 2010 but the number of least deprived neighbourhoods has also increased – the inequalities gap is getting wider.
- 2.8 Inclusive growth in Leeds should help reverse the worsening socio-economic position in many neighbourhoods, by focusing not just on quantity of growth but also quality: actions should reflect people’s experience of opportunities, barriers, skills and employment and living standards.
- 2.9 Life expectancy in Leeds (2013-2015) is 80 years and 2.5 months. However for males and females living in deprived Leeds this is lower by 5 years 5 months and 4 years 8 months respectively.
- 2.10 A worrying trend of an increasing number of suicides among men was identified in Leeds. Although we are unable to establish to what extent gambling addiction has contributed to this, there is evidence that the majority of problem gamblers has contemplated suicide. Furthermore people with poor mental health are at significantly high risk of problem gambling (Geofutures 2015).
- 2.11 For further health and deprivation information about the local area visit <http://observatory.leeds.gov.uk>.

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Addition of titles:

3. Integration with other guidance, policies, objectives and strategies

Vision for Leeds

Page 9 Paragraph 3.1

Removal of reference to Leeds Initiative

Page 9 Paragraph 3.3 to 3.4

Addition of Best Council Plan and Leeds Health and Wellbeing Strategy

Best Council Plan

- 3.3 The Best Council Plan 2018/19 – 20/21 aims to address poverty and inequalities by maintain a long term strategic focus on strengthening the economy whilst supporting the most vulnerable.

Leeds Health and Wellbeing Strategy 2016-2021

- 3.4 Leeds Health and Wellbeing Strategy 2016-2021 describes the council’s vision for health and wellbeing as ‘Leeds will be a health and caring city for all ages, where people who are the poorest improve their health the fastest’. This policy is particularly affected by the following health and wellbeing priorities...
- Promote mental and physical health equally
 - Stronger focus on prevention
 - Housing and environment enable people... to be healthy

Part B Promotion of the licensing objectives

Page 15 Paragraph 13.5

Amendment to definition of vulnerable person:

- 13.5 The council is aware of the difficulty in defining the term “vulnerable person”. In most recent literature it is not a term that is used, with the term “adults at risk or abuse or neglect” or “adults at risk” being the preferred terms.

Page 15 to 18 Paragraph 13.7 to 13.23

Amendments to the definition of vulnerable person and the addition of vulnerable groups.

- 13.7 The Care Act 2014 imposes a requirement on a local authority to “make enquiries if it has reasonable cause to suspect that an adult in its area, whether or not ordinarily resident there, has needs for care and support, is experiencing, or is at risk of, abuse or neglect, and

as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it”.

- 13.8 The local authority must make whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult’s case (whether under this Part or otherwise) and, if so, what and by whom. “Abuse” includes financial abuse; and for that purpose “financial abuse” includes having money or other property stolen, being defrauded, being put under pressure in relation to money or other property, and having money or other property misused.
- 13.9 Department of Health document “No Secrets” from 2000 offers a definition of a vulnerable adult as a person:
- “who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.”
- 13.10 In 2016 Leeds City Council commissioned Leeds Beckett University to undertake research into Problem Gambling in Leeds (*Problem Gambling in Leeds; Kenyon, Ormerod, Parsons and Wardle, 2016*). This research looked specifically at identifying groups of the society that could be considered vulnerable to problem gambling:
- 13.11 **Young people** – rates of problem gambling among young people who gamble are higher than older adults and youth gambling behaviours are consistent with the harm paradox, whereby these age groups are less likely to gamble generally but those that do are more likely to experience difficulties with their behaviour (Wardle, 2015).
- 13.12 **Minority ethnic groups** – There is consistent evidence that those from Asian or Black backgrounds are more vulnerable to gambling problems and there is clear evidence of the harm paradox (Wardle, 2015).
- 13.13 **Unemployed and constrained economic circumstance** – the generally those of lower income are less likely to gamble but those that do spend a higher proportion of their income on gambling. This is highlighted as a concern given the lesser ability of lower income households to protect themselves from financial instability (Brown et al, 2011).
- 13.14 There is evidence that those in debt and those using money lenders and/or pawnbrokers are more likely to be problem or at risk gamblers (Meltzer et al, 2012). The relationship between constrained economic circumstances and gambling problems is likely to be complex and multi-faceted. It may be mediated by other economic opportunities and personal feelings about how well off you are compared with others. Despite this complexity, there is a consistent body of evidence showing that, for whatever reason, those who are unemployed and who gamble are more likely to experience adverse outcomes from their gambling than those in paid employment.
- 13.15 **Area deprivation** – There are a number of British surveys that have consistently shown that those living in more deprived areas are more likely to experience problems with their gambling behaviour. This was despite having roughly the similar levels of past year gambling participation to those who live in less deprived areas.

- 13.16 Wardle (2015) looked at the distribution of machines and licensed betting offices and argues that there was clear and consistent evidence of a spatial skew, whereby high density machine zones or areas with licensed betting offices are more deprived than others. Recent research has shown that among gamblers who held loyalty cards, rates of problem gambling (28%) were higher among those who lived within 400 metres of a concentration of betting offices than those who did not (22%) (Astbury & Wardle, 2016).
- 13.17 **Homeless** – The rates of problem gambling are higher among those who are homeless than those who are not. Although studies are small, they show that there is a significant relationship with gambling preceding homelessness. Little is known about why rates of problem gambling among homeless population groups is higher than the general population but given associations with other mental health conditions, homeless people should be considered a vulnerable group.
- 13.18 **Mental ill health** – There is a strong association between mental ill health and problem gambling. Associations were found between problem gambling and general anxiety disorder, phobia, obsessive compulsive disorder, panic disorders, eating disorders, probably psychosis, attention deficit hyperactivity disorder, post-traumatic stress disorder, harmful and hazardous levels of alcohol consumption and drug addiction. Overall three quarters of problems gamblers seeking treatment also experience co-morbid mental health disorders.
- 13.19 Being a problem or at risk gambler is associated with latter onset of major depressive disorder, alcohol use and dependence, drug use and experience of any mental disorder. Illegal drug use and experience of any mental disorder is also associated with the subsequent onset of at risk and problem gambling. These findings seem to confirm that the conclusion that the relationship between problem gambling and mental ill health may be cyclical.
- 13.20 **Substance abuse/misuse** – The evidence base relating to the relationship between substance abuse/misuse and experience of problem gambling broadly measures that o mental ill health. Evidence from British based surveys has shown that rates of problem gambling were higher among those with alcohol dependence (3.4%) or drug dependence (4.4%) than the general population (0.74%) (Wardle, 2015). A systemic review of those seeking treatment for gambling problems showed that 15% also experience alcohol dependence and 7% have other substance abuse disorders (Dowling et al, 2015). There is strong evidence that alcohol and substance misuse are associated with problem gambling. As with other mental health conditions, these conditions can co-occur at the same time.
- 13.21 **Personality traits/cognitive distortions** – There is a strong body of evidence highlighting the relationship between various personality traits, such as cognitive distortions or impulsivity, with problem gambling. Cognitive distortions, such as erroneous perceptions of gambling and illusion of control are well established risk factors for problem gambling (Johansson et al, 2009). However little research has been conducted to explore the complex interaction of personality traits with other factors and their combined influence on the experience of broader gambling harms. Certain personality traits and/or cognitive

distortions are just one potential aspect of vulnerability which is likely to be affected by a range of other factors.

- 13.22 **Problem gamblers seeking treatment** – Because this group is in the process of attempting to recover from gambling problems they should be treated as a vulnerable group in their own right (Wardle, 2015).
- 13.23 Problem gambling can affect anyone at any time. Whilst rates of problem gambling among all adults in Britain tend to be less than 1% (1.4% in large metropolitan areas such as Leeds), there are some groups that are more likely to experience problems. These groups could all be considered vulnerable to gambling problems. Leeds City Council already works with many of these groups however operators should consider these groups in their Local Risk Assessments, especially in relation to identifying the people in these groups, and mitigating harm experienced by them.

Page 18 Paragraph 13.24 to 13.26

Minor amendments

- 13.24 In the case of premises licences the council is aware of the extensive requirements set out for operators in the Gambling Commission’s Code of Practice regarding social responsibility. In this document the Gambling Commission clearly describe the policies and procedures that operators should put in place regarding:
- Combating problem gambling
 - Access to gambling by children and young persons
 - Information on how to gambling responsibly and help for problem gamblers
 - Customer interaction
 - Self-exclusion
 - Employment of children and young persons
- 13.25 All applicants should familiarise themselves with the operator licence conditions and codes of practice relating to this objective and determine if these policies and procedures are appropriate in their circumstances. The council will communicate any concerns to the Gambling Commission about any absence of this required information.
- 13.26 Applicants may also like to make reference to Leeds Safeguarding Adults Partnership document entitled “Multi Agency Safeguarding Adults Policies and Procedures – West and North Yorkshire and York” which provides extensive guidance on identifying vulnerable people and what can be done to reduce risk for this group. This document can be accessed via <http://www.leedssafeguardingadults.org.uk>

Part C Premises licences

Page 20

Addition of title

14. General Requirements

Page 21

Addition of sub title

Local Risk Assessments

Page 21 and 22 Paragraphs 14.12 to 14.15

Additional requirements included following guidance from Gambling Commission

14.12 The council will expect the local risk assessment to consider the urban setting:

- The proximity of the premises to schools.
- The commercial environment.
- Factors affecting the footfall.
- Whether the premises is in an area of deprivation.
- Whether the premises is in an area subject to high levels of crime and/or disorder.
- The ethnic profile of residents in the area.
- The demographics of the area in relation to vulnerable groups.
- The location of services for children such as schools, playgrounds, toy shops, leisure centres and other areas where children will gather.
- The range of facilities in the local area such as other gambling outlets, banks, post offices, refreshment and entertainment type facilities.
- Known problems in the area such as problems arising from street drinkers, youths participating in anti-social behaviour, drug dealing activity, etc.
- The proximity of churches, mosques, temples or any other place of worship.

14.13 The local risk assessment should show how vulnerable people, including people with gambling dependencies, are protected:

- The training of staff in brief intervention when customers show signs of excessive gambling, the ability of staff to offer brief intervention and how the manning of premises affects this.
- Information held by the licensee regarding self-exclusions and incidences of underage gambling.
- Arrangements in place for local exchange of information regarding self-exclusion and gaming trends.
- Gaming trends that may mirror days for financial payments such as pay days or benefit payments.

- Arrangements for monitoring and dealing with under age persons and vulnerable persons, which may include dedicated and trained personnel, leaflets, posters, self-exclusion schemes, window displays and advertisements not to entice passers-by etc.
- The provision of signage and documents relating to games rules, gambling care providers and other relevant information be provided in both English and the other prominent first language for that locality.
- The proximity of premises that may be frequented by vulnerable people such as hospitals, residential care homes, medical facilities, doctor surgeries, council one stop shops, addiction clinics or help centres, places where alcohol or drug dependent people may congregate.

14.14 The local risk assessment should show how children are to be protected:

- The proximity of institutions, places or areas where children and young people frequent such as schools, youth clubs, parks, playgrounds and entertainment venues such as bowling allies, cinemas, etc.
- The proximity of place where children congregate such as bus stops, cafes, shops.
- Areas that are prone to issues of youths participating in anti-social behaviour, including activities such as graffiti, tagging, underage drinking etc.

14.15 Other matters that the assessment may include:

- Details as to the location and coverage of working CCTV cameras, and how the system will be monitored.
- The layout of the premises so that staff have an unobstructed view of persons using the premises.
- The number of staff that will be available on the premises at any one time. If at any time that number is one, confirm the supervisory and monitoring arrangements when that person is absent from the licensed area or distracted from supervising the premises and observing those persons using the premises.
- Where the application is for a betting premises licence, other than in respect of a track, the location and extent of any part of the premises which will be used to provide facilities for gambling in reliance on the licence.

Page 23 Paragraph 14.22

Additional paragraph on density of gambling establishments

14.22 Although the council cannot consider if there is a need or demand for the gambling facilities applied for, applicants should consider the proximity of other gambling premises in the Local Risk Assessment and the impact this will have on residents, including children and vulnerable groups.

Page 25 Paragraph 15.1

Update of description of adult gaming centres

15.1 Adult gaming centres are a category of premises introduced by the Act that are most closely related to adult only amusement arcades seen in many city centres.

Part E Enforcement

No changes